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CONFIRMATION NO: 2397

<b>SERIAL NUMBER</b> 10/718,913	<b>FILING OR 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 1118/A04	
<b>APPLICANTS</b> John M. McBean, Boston, MA; Kailas N. Narendran, Alston, MA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/428,196 11/21/2002 <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/20/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>mb</u> Acknowledged <u>mb</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 8/10	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 2101					
<b>TITLE</b> POWERED ORTHOTIC DEVICE					
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		